

Foster Family Home - Corrective Action Report

Provider ID: 1-597544

Home Name: Rufina Samson, CNA

Review ID: 1-597544-6

91-1178 Kupipi Place

Reviewer: Jackie Chamberlain

Ewa Beach

HI 96706

Begin Date: 12/18/2019

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection made for a 3 bed re-certification. Corrective action report issued during home visit with corrective action plan due to CTA within 30 days of inspection

Foster Family Home

Client Care and Services

[11-800-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.(c)(3) Client # 2 there is no delegations for [REDACTED]

Jackie Chamberlain PN
Compliance Manager

Rufina S. Samson
Primary Care Giver

12/18/19.
Date

12-18-2019
Date

Community Care Foster Family Home (CCFFH)

Written Plan of Correction for Deficiencies

Listed in Corrective Action Report

Chapter 17-1454

CCFFH Name: Rufina SamsonCCFFH Address: 91-1178 Kupipi Place Ewa Beach HI 96706

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
43,C,3	Lapse in delegations cannot be corrected Case management Agency have now completed delegations for all current caregivers.	12/19/19	Primary Care givers will request delegations from Case management Agency within 1 week of new caregivers hire as New Patient.

Primary Caregiver's Signature: Rufina G. SamsonPrint Name: RUFINA G. SAMSONDate of Signature: 12-19-2019